

Letter of Agreement for Statistical Information
YOUTH SERVICES
OFFICE OF JUVENILE JUSTICE
Post Office Box 66458
Baton Rouge, LA 70896
Fax Number: 225-287- 7969

This form must be signed by an authorized individual, witnessed, and returned with your payment. The undersigned understands that requests for statistical information, not otherwise available, will require payment equal to the assigned programmer(s) and/or analyst(s) hourly pay rate multiplied by the number of programmers and/or analysts(s) hours required to generate the request. (For example, the programmer earns \$35.00 per hour x 2 hours of computer processing time = \$70.00).

The undersigned understands and agrees to accept responsibility to protect the privacy and security rights of individuals as required by Federal and State laws.

The undersigned will not sell any information received from Youth Services to any third party.

STATISTICAL INFORMATION REQUESTED: _____

Authorized Signature

Date

Witness

Approved (Deputy Secretary or Undersecretary)

Date